

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 29107
Registrar's No. 522

FILED OCT 6 - 1955		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007	
1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN Poplar Bluff	
d. FULL NAME OF HOSPITAL OR INSTITUTION 912 North Riverview		e. STREET ADDRESS (If rural, give location) 912 North Riverview 01270			
3. NAME OF DECEASED (Type or Print) a. (First) Doshia		b. (Middle) Jane		c. (Last) Oelsen	
4. DATE OF DEATH 9-17-55					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Mar. 2, 1876		9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Clopton		13b. MOTHER'S MAIDEN NAME Anne E. Lewis		14. NAME OF HUSBAND OR WIFE J. W. Oelsen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO		16. SOCIAL SECURITY NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daisy Brower, Poplar Bluff, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between ONSET AND DEATH 2 Mo unknown			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-13, 1955, to 8-8, 1955, that I last saw the deceased alive on 8-8, 1955, and that death occurred at 3 P. m., from the causes and on the date stated above.					
23a. SIGNATURE James W. Shetter Jr MD		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 9-13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-19-55		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 9/28/55 H. Muehle		25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch		ADDRESS Poplar Bluff, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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OCT 3 1966

BUTLER CO. HEALTH CENTER

FILE No. _____

9561 & 7 d38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Wallace N. Fitch

Licensed Embalmer No. 3857

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.